Project AEGIS briefing: physical health, mental health and wellbeing for CYPSAR

Background

- CYPSAR are recognised to experience complex and intersecting health and social needs. Health services in the UK are often designed to address specific concerns with a clear distinction between physical and mental health. Health services usually work separately from other sectors like education.

Our findings

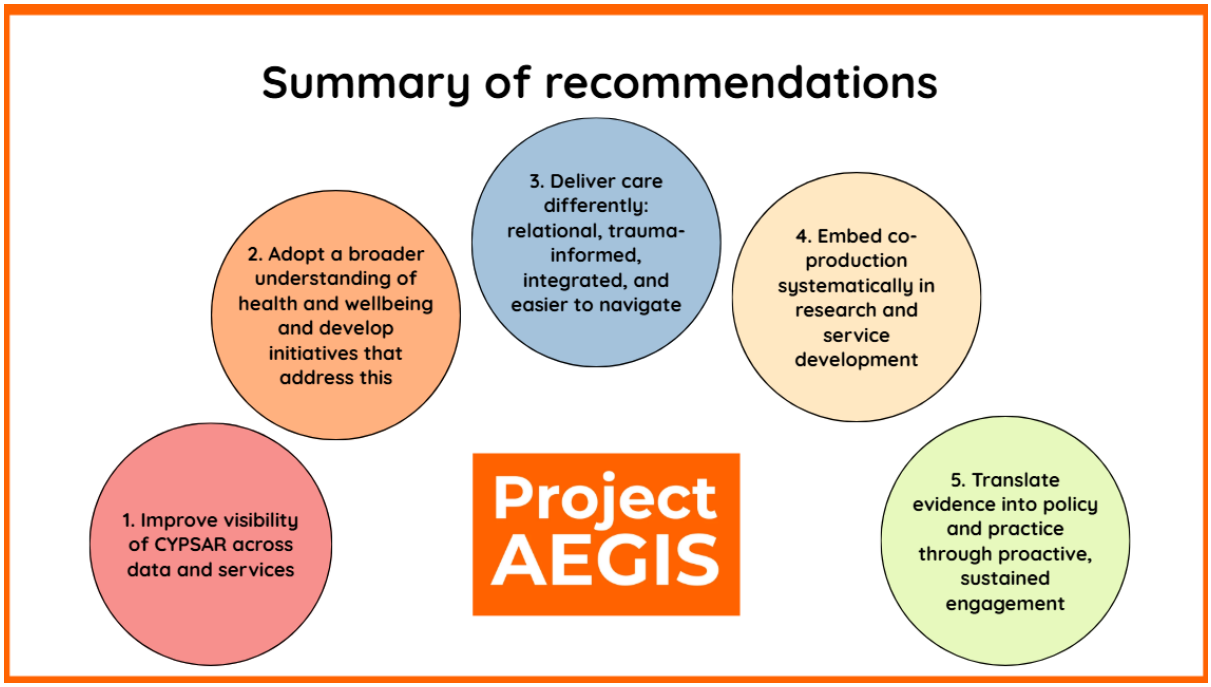
- Project AEGIS conducted interviews and focus groups with children and young people seeking asylum and refugees (CYPSAR) to understand their views and priorities on health, wellbeing and existing sources of support. We also carried out systematic reviews on particular health topics concerning this population.
- Engagement with preventative interventions to support physical health, such as vaccination and infectious disease testing, was mediated by CYPSAR's own understanding about the purpose of the intervention. Those who understood the purpose of the intervention were more likely to recognise its importance and engage with it. Reviews showed that, worldwide, migrant children have reduced vaccine coverage and, even where there is documentation of vaccines, there is some evidence of reduced immunity.
- Fragmented delivery and inconsistent follow-up was flagged as a barrier to engagement by CYPSAR, even among those who recognised the importance of the interventions to their physical health. This was particularly true for sexual health interventions where the importance of timing, setting and trust was emphasised.
- Many CYPSAR reflected on their own mental health needs while flagging that mental health is often an unfamiliar or stigmatised concept. This is likely to be a barrier to engagement with Child and Adolescent Mental Health Services (CAMHS), despite the clear need for support among CYPSAR.
- CYPSAR described health as intrinsically linked to other life factors, such as legal status, education, language, social connection and belonging, trust and future opportunities. Immediate concerns about safety and stability, once resolved, tended to evolve into concerns about the future, independence and employment. CYSPAR perceived that it was not possible to address health in isolation, and that a holistic, cross-sectoral approach was more appropriate.

- Health and wellbeing for CYPSAR are also inextricably linked to cultural context. Perceptions about what is perceived as normal or appropriate to experience or discuss can vary dramatically across societies.

Recommendations

- Services for CYPSAR should address their clinical needs together with their legal, educational, social and developmental priorities. Support should be integrated across sectors, recognising the role of wider determinants in shaping their wellbeing.
- Services should be culturally sensitive, support CYPSAR to engage and avoid assumptions of shared understanding. This applies to the purpose of interventions like vaccines, and to concepts like mental health.

Project AEGIS: overall recommendations



We have found that: CYPSAR are often invisible in data; "health" is broader than "healthcare"; good care for CYPSAR needs to be delivered differently; CYP must shape services; and it is essential that research findings are translated into policy and practice.

Find out more:
Website: https://www.rcpch.ac.uk/resources/project-aegis
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